

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-MAY-2014		TIME 00:16:00		2. ADDRESS OF OCCURRENCE 248 W NORTH AVE CHICAGO, IL 60610		3. LOCATION CODE 303		4. BEAT/OCCUR 1814		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME YANEZ	7. FIRST NAME JUAN A	8. STAR NO. 18438	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 507	12. HT. 195	13. WT. 195	
	14. DATE OF APPT. 16-MAR-1998		15. EMPLOYEE NO. 018		16. UNIT & BEAT OF ASSIGNMENT 1813R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME DOE		21. FIRST NAME JOHN		22. M.I. BLK		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION	24. ADDRESS CHICAGO, IL		25. TELEPHONE NO.		26. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		27. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		28. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	29. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL		30. BY WHOM?		31. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		32. CHARGES PLACED 725 ILCS 5.0/110-3, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/16-25-		33. CB NO. 18888866	
	34. DINA		35. IR NO.		36. DINA		37. DINA		38. DINA	
REASON FOR USE OF FORCE (Check all that apply)	39. PASSIVE RESISTER		40. ACTIVE RESISTER		41. ASSAULT-ASSAULT		42. ASSAULT-BATTERY		43. ASSAULT-DEADLY FORCE	
	44. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> 45. STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> 46. OTHER _____		47. FLED <input checked="" type="checkbox"/> 48. PULLED AWAY <input checked="" type="checkbox"/> 49. OTHER _____		50. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> 51. OTHER _____		52. ATTACK WITH WEAPON <input type="checkbox"/> 53. ATTACK WITHOUT WEAPON <input type="checkbox"/> 54. OTHER _____		55. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> 56. WEAPON <input type="checkbox"/> 57. OTHER _____	
	58. MEMBER PRESENCE <input checked="" type="checkbox"/> 59. VERBAL COMMANDS <input checked="" type="checkbox"/> 60. ESCORT HOLDS <input type="checkbox"/> 61. WRISTLOCK <input type="checkbox"/> 62. ARMBAR <input type="checkbox"/> 63. PRESSURE SENSITIVE AREAS <input type="checkbox"/> 64. CONTROL INSTRUMENT <input type="checkbox"/> 65. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> 66. OTHER _____		67. OPEN HAND STRIKE <input type="checkbox"/> 68. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> 69. OC CHEMICAL WEAPON <input type="checkbox"/> 70. CANINE <input type="checkbox"/> 71. TASER (Probe Discharge) <input checked="" type="checkbox"/> 72. TASER (Contact Stun) <input type="checkbox"/> 73. TASER (Laser Targeted) <input type="checkbox"/> 74. TASER (Spark Displayed) <input type="checkbox"/> 75. OTHER _____		76. ELBOW STRIKE <input type="checkbox"/> 77. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> 78. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> 79. OTHER _____		80. KNEE STRIKE <input type="checkbox"/> 81. KICKS <input type="checkbox"/> 82. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> 83. OTHER _____		84. FIREARM <input type="checkbox"/> 85. OTHER _____	
WEAPON DISCHARGE INCIDENT	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	
	44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
	49. TASER DART ID NO C6200ARXH		50. WEAPON SERIAL NO. (Include Letters) ZZX300657		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID NO.		53. HANDGUN CERTIFICATE NO.	
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED	
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) YANEZ, JUAN A		STAR/EMPLOYEE NO. 1820		SIGNATURE 07-MAY-2014 04:04:36		74. REVIEWING SUPERVISOR (Print Name) BERNATH, WILLIAM J	
	75. DATE REVIEWED 07-MAY-2014 04:05:54		76. TIME 00# 1069058		77. ATTACHMENT 6		78. EVENT NO. 1412700205		79. FILE NO. HX251611	
	79. CPD-11.377 (REV. 10/07)		80. SIGNATURE		81. DATE REVIEWED		82. TIME		83. ATTACHMENT	

WEAPON DISCHARGE INCIDENT

39. ☐ DNA

41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
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65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							

70. EVENT NO
1412700205

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY CR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is hospitalized and cannot be interviewed at this time.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the actions of the officers in this incident are within department guidelines. Officer Yanez fired his taser at an active resister who resisted being handcuffed on two occasions and then attempted to flee. During the subject's attempt to flee, he ran into a light pole, which caused him to injure himself rendering him unconscious. Further investigation will be conducted by the Independent Police Review Authority and the Area Central Detective Bureau.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069000 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

07-MAY-2014 04:18:00

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1